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SEP 1 0 1984

ILL. E.P.A. - D.L.P.C.

STATE OF ILLINOIS.

September 6, 1984

Mr. Kenneth P. Bechely Northern Region Manager Illinois Environmental Protection Agency Division of Land Pollution Control 1701 South First Avenue - Suite 600 Maywood, Illinois 60153

Reference: 09101504 - Kankakee County - Bourbonnais/

Birmingham Bolt

Dear Mr. Bechely:

Enclosed please find three forms which were originally submitted without signatures, in a letter mailed to your attention on September 5, 1984.

Please replace the incorrect forms with those included in this letter.

I am sorry for the inconvenience. If you have any questions or need any further information, please do not hesitate to contact me.

Sincerely,

Eugene Sartori General Manager

ES/mrc Enclosures (3)

SEP 25 1984

C. CITY OR TOWN

6 B O U R B O N N A I S

F. COUNTY CODE

D. STATE

E. ZIP CODE

6 0 9 1

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EPA I.D NO. (enter from page 1)			
6			
V FACILITY DRAWING			4 1 2 4 4
All existing facilities must include in the space provided on	page 5 a scale drawing of the f	acility (see instructions for	
VI. PHOTOGRAPHS			
All existing facilities must include photographs (aeri, treatment and disposal areas, and sites of future stor			[10] 큐스(10] (10) (10) (10) (10) (10) (10) (10) (10)
VII. FACILITY GEOGRAPHIC LOCATION			
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VIII. FACILITY OWNER		[n ·	76 76 177 - 19
A. If the facility owner is also the facility operator as i	isted in Section VIII on Form	1, "General Information",	place an "X" in the box to the left and
skip to Section IX below.			
B. If the facility owner is not the facility operator as li	sted in Section VIII on Form	1, complete the following	items:
1. NAME OF FACIL	ITY'S LEGAL OWNER		2. PHONE NO (area code & no)
3. STREET OR P.O. BOX			9 H - 10 10 - 01 11 - 0
S. STREET ON P.O. BOX	[6]	TY OR TOWN	8. ST. 6. ZIP CODE
1 14	G		18 01 94 92
IX. OWNER CERTIFICATION			
I certify under penalty of law that I have personally	examined and am familier	with the information su	ibmitted in this and all attached
oocuments, and that based on my inquiry of those in submitted information is true, accurate, and complet			
including the possibility of fine and imprisonment.			
A MAME (print or type)	B SIGNATURE XM	\cap	C DATE SIGNED
Monroe Fields	Marketil	2	9/6/21
X, QPERATOR CERTIFICATION	Monitor		1 3/5/07
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documents, and that based on my inquiry of those in	ndividuals immediately res	ponsible for obtaining to	he information, I believe that the
submitted information is true, accurate, and complete including the possibility of fine and imprisonment	te. I am aware that there a	re significant penalties f	or submitting false information,
A NAME (print or t) pr.			
	B SIGNATURE	AND THE PERSON NAMED IN COMPANY	C DATE SIGNED
		RECEIVED	Milliand Andrew Charles in the Part Co.
EPA Form 2510-3 (6-80)		RECEIVED	

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IX. DESCRIPTION OF HA	ZARDOUS WAST	ES (continued from	(ront)		
A. HAZARDOUS WASTES FR wests from non-specific sou	OM NON-SPECIFIC	SOURCES. Enter the handles. Use eddition	four—digit number from	n 40 CFR Part 261,31 fui	wouth listed hezerdung
	B 19				
10 10 10 10 10 10 10 10 10 10 10 10 10 1					
B. HAZARDOUS WASTES FR specific industries sources you	OM SPECIFIC SOUF ur installation handk	RCES. Enter the four— c. Use additional sheet	digit number from 40 C is if necessary.	FR Part 261.32 for each I	jesed pesesgone Maste (lbiu
10 10 10 10 10 10 10 10 10 10 10 10 10 1	14 120 20 11 10 10	10 10 10 10 10 10 10 10 10 10 10 10 10 1	22 16 28 28 28 28 20 20	17 12 M 23 19 M	10 20 20 30
C COMMERCIAL CHEMICAL stance your installation hand					13 for each chemical sub-
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D. LISTED INFECTIOUS WAS hospitals, medical and resear					a from hospitals, vaterinery
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E. CHARACTERISTICS OF N hazardous westes your insta	ON—LISTED HAZA liption hendies. (See	HDOUS WASTES. Me 40 CFR Pwn 261.21	rk "X" in the boxes cor - 261.24.)	responding to the gharact	teristics of non-listed
[] I. IGNITABLE		2 CONRUSIVE	[]3. HE.	ACTIVE	10000)
X. CERTIFICATION					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
l certify under penalty of attached documents, and I believe that the submitt mitting false information,	that bused on m) ed informution is	inquiry of those in true, accurate, and	idividuals Immediare complete. I am awa	ly responsible for obt	ibmitted in this and all
AIGHATURE	1 %	NAME & OF	PICIAL TITLE (Type of	r print)	9-6-84

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	re spaced for elite t						Furm Approved OMB No. 158-580004
3 RCRA	EPA	HAZARDO	US WAST Consolidate	E PERMI	T APP	LICAT	
OR OFFIC	IAL USE ONLY				200		
	(yr.mu. & day					СОМ	MENTS
. FIRST O	R REVISED APP	LICATION					
rvised applicated PA I.D. Num	ition. If this is your iber in Item I above	first application an	d you already	know your	lacility's		is the first application you are submitting for your facility or Number, or if this is a revised application, enter your facility's
T.	PPLICATION (PA		or definition of	TOTAL TOTAL SEED			2.NEW FACILITY (Complete item below)
न नित्र	01	R EXISTING FAC	LITIES, PRO				
1 177 77	APPLICATION	e the boxes to the l		a Item I abo	nue)		13 14 14 12 18 EXPECTED TO SEG
a Same and a	CILITY HAS INTE					12.17	2. PACILITY HAS A HCHA PERMIT
	SSES - CODES A						h process to be used at the facility. Ten lines are provided to
2. UNIT (NT — Enter the emi OF MEASURE — Fo e used. Only the un ROCESS	PRO- APPROCESS MEASURED DES		w should be TS OF DCESS IY	used.	PRO	PRO- CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY TO GALLONS PER DAY OR
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5	DUP	7/A C	111	111	11	11	
E A. PRO-	B. PROCE	SS DESIGN CAP	ACITY	1		A. PRO-	B. PROCESS DESIGN CAPACITY
CEBS CODE (from list above)	1.6	MOUNT pecify)	2. UNIT OF MEA- BURE (enter code)	OFFICIA USE ONLY	L 38	CESS CODE (from list above)	1. AMOUNT PO OF MEA- SURE (enter code)
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. 101012		20	E		6		
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1 s 0 3	250	00	Y		8		

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	11.	-	BLE COTAL	

111	PR	OCESSE	S /continued	1
		OCESSE	3 / CUMILINAEU	,

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- LEFA HAZANDOUS WASTE NUMBER Enter the four edigit number from 40 CFR, Subpart D for each listed hazardous weste you will handle. If you handle hazardous westes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- 9. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that weste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS		KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the weste.

D. PROCESSES

1. PROCESS CODES:

For listed hezardous wests: For each listed hezardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hezardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes

For non-listed hezardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hezardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns 8,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat store and/or dispose of the waste.
- quantity of the wasts and describing all the processes to be used to treat, store, and/or dispose of the wasts.

 2. In column A of the next line enter the other EPA Hazardous Wasts Number that can be used to describe the wasts. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous weste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed westes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other weste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an inclinatory and disposes will be in a landfill.

.	H	. E	PA			C. UNIT		D. PROCESSES						D. PROCESSES				
€0	W A	181		101	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)		1. PROCESS CODES (enter)			•	174	2. PROCESS DESCRIPTION (If a code is not entered in D(1))					
X-1	K	0	5	4	900	P	7	0	3	L) (8	0					RECFIVED
X-2	D	0	0	2	400	P	7	. 0	3	L) (8	0	1	1			SEP 25 1984
X-3	D	0	0	1	100	P	1	()	3	1.) (8	0			1		IEPA-DLPC
X-4	D	0	0	2				-r-	-	T	T	7			7			included with above

Continued from page 2. NOTF. Photocopy this page before completing if you have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) ÿ W DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTENO (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. I. PROCESS CODES 1. PROCESS DESCRIPTION (If a code is not entered in D(1)) A7 - 10 A7 - 10 A7 - 10 A7 DO 0 8 5,000 2 D 0 0 6 S 0 3 included in Line 1. 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 חברבווובר 23 SEP 25 1984 24 25 IEPA-DLPC 26 EPA Form 3510-3 (6-80) CONTINUE ON REVERSE

I. SIC CODES (4-digit, in order of priority)				. SECOND	
(specify)		मा	(specify)		
D.O.O.O Emission Control I	Oust Electric	7			
C. THIRD	. Furnace	IA IA		D. FOURTH	
(specify)	390	बुग	(specify)	A STATE OF STATE OF	
		7			
III. OPERATOR INFORMATION		13116	17.1		•
	A. NAME		(6)		B. is the name listed
		TTTT	TTTTT		owner?
BIRMINGHAM B	OLT AND S	TEEL	C 0.		YES ON
10					•
C. STATUS OF OPERATOR (Enter the			her", specify.)		ares code & no.)
F = FEDERAL M = PUBLIC (other th S = STATE O = OTHER (specify)		(specify)		A 8159	37 3 13 1
P - PRIVATE		1		A 81 3 9	
	T OR P.O. BOX.	-			
P. O. B O X 6 2 8					
F. CITY OR T	OWN	G. 8	TATE H. ZIP CODE		Lan I
KANKAKEE		· ₁	L 6 0 9 0	Is the facility located	on Indian lands?
				D YES	L NU
EVICTING ENVIRONMENTAL PERMITS		40 41	46 47 - 6		A SECTION OF SERVICE
A. NPDES (Discharges to Surface Water)		lone fun.	red Courses	. (22.22.	
	T STITE	ions from Propo			
N I L O O 3 5 2 9 7	9 P	resort 3			
B. UIC (Underground Injection of Fluids)	20 10 10 12 10	HER (specify)			
THE PERSON NAMED IN COLUMN	1 671	HER (SPECIJY)	TTTT/##	city	
U	9 0 9 1 8	0 1 A A	A	Air quality	
C. RCRA (Hazardous Wastes)	16 16 17 16 E. OT	HER (specify)	76]		
ilila i raina a raina		5'5'5'0'	1 6 / //	State RCRA Nu	nher
R	9 7 9 1 0	0 6 6 6	1 0	SCALE KUKA NU	MDET
(I. MAP	30 16 16 17 18		16		
the outline of the facility, the location of treatment, storage, or disposal facilities, water bodies in the map area. See instruct	and each well where it i tions for precise requirem	injects fluids			
(II. NATURE OF BUSINESS (provide a brief de	ecription)				
Manufactures reinforcing	rods from steel	scrap.			
					RECEIVED
				S	EP 25 1984
				S	
(III. CERTIFICATION (see instructions)				S	EP 25 1984
I certify under penalty of law that I have attachments and that, based on my inq application, I believe that the information	quiry of those persons in on is true, accurate and i	mmediately recomplete. I er	sponsible for obta	ion submitted in thi	IEPA-DLPC
I cartify under penalty of law that I have attachments and that, based on my ing application, I believe that the information false information, including the possibility	quiry of those persons in on is true, accurate and only of fine and imprisonme	mmediately recomplete. I er	sponsible for obta	ion submitted in thi nining the informati e are significant pen	IEPA-DLPC
I certify under penalty of law that I have ettachments and that, based on my ing application, I believe that the information false information, including the possibility	quiry of those persons in on is true, accurate and only of fine and imprisonme	mmediately re complete. I ar ent.	sponsible for obta	ion submitted in thi nining the informati e are significant pen	IEPA-DLPC s application and all on contained in the elties for submitting
certify under penalty of law that I have attachments and that, based on my inquiring the information of the information of the possibility of the	quiry of those persons in on is true, accurate and only of fine and imprisonme	mmediately re complete. I ar ent.	sponsible for obta	ion submitted in thi nining the informati e are significant pen	IEPA-DLPC s application and all on contained in the elties for submitting
certify under penalty of law that I have attachments and that, based on my inquiring the information of the information of the possibility of the	quiry of those persons in on is true, accurate and only of fine and imprisonme	mmediately re complete. I ar ent.	sponsible for obta	ion submitted in thi nining the informati e are significant pen	IEPA-DLPC s application and all on contained in the elties for submitting
CIII. CERTIFICATION (see instructions) I certify under penalty of law that I have attachments and that, based on my inquiring application, I believe that the information false information, including the possibility. NAME & OFFICIAL TITLE (rype or print) COMMENTS FOR OFFICIAL USE ONLY	quiry of those persons in on is true, accurate and only of fine and imprisonme	mmediately re complete. I ar ent.	sponsible for obta	ion submitted in thi nining the informati e are significant pen	IEPA-DLPC s application and all on contained in the elties for submitting

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A PART OF THE SOUTHWEST 14 OF SECTION 9
TOWNSHIP 31 NORTH, RANGE 12 EAST OF THE 3rd P. M.
KANKAKEE COUNTY, ILLINOIS NEGO IEL - 1 10. 30. A. V. 1.8. A. P. 0.2 K- 111: 11 16.7 11.14. N Long 30 4. See 6-7 ----SEP 25 1984 IEPA-DLPC 0 Los. 0 0 5 500 0 Series Lang Marie Spring on the Miles The Jan

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EPA I.O. NO. (enter from page 1)	rd .			
	6			IEPA-DLPC
V FACILITY DRAWING				
All existing facilities must include in the space	provided on page 5 a scale dri	wing of the facility (see instructions f	or more detail)	
VI. PHOTOGRAPHS	provided on page of section in			
All existing facilities must include photo	ographs (aerial or ground	evel) that clearly defineate all exi	sting structures, e	xisting storage,
treatment and disposal areas, and sites o	f future storage, treatment	or disposal areas (see instruction	s for more detail).	
VII. FACILITY GEOGRAPHIC LOCAT	ION			
LATITUDE (degrees, minul	es, & seconds;	LUNGITUDE	(degrees, minutes, 4	secundar .
4110		0 8	9 3 2 0	do
सिंग गिंग	10 · 11	$\frac{\overline{n}}{n}$	70 70 17 .	19
VIII. FACILITY OWNER				
A. If the facility owner is also the facility skip to Section IX below.	y operator as listed in Section	VIII on Form 1, "General Information	i", place an "X" in t	he box to the left and
B. If the facility owner is not the facility	operator as listed in Section \	/III on Form 1, complete the following	ng items:	
1. NA	ME OF FACILITY'S LEGAL	WNER	2. PHO	NE NO (area code & no.)
G F U 19				
			10 90 - 0	
3. STREET OR P.O. BOX		4. CITY OR TOWN	8. ST.	4. ZIP CODE
	Ġ			
	19 19 14		19 41 42	v · 1
IX. OWNER CERTIFICATION				
I certify under penalty of law that I have	personally examined and	am familiar with the information	submitted in this	I haliave that the
oocuments, and that based on my inquire submitted information is true, accurate,	y of those individuals imm	that there are significant penaltis	s for submitting i	alm information,
including the possibility of fine and imp				
A NAME (print or type)	B SIGNATUR	ı c	C DATE	SIGNED
X, QPERATOR CERTIFICATION				
I certify under penalty of law that I have	e personally examined and	am familiar with the information	n submitted in thi	s and all attached
documents, and that based on my inquit	ry of those individuals imm	ediately responsible for obtaining	g the information	, I believe that the
submitted information is true, accurate,	and complete. I am aware	that there are significant penaltic	s for submitting	false information,
including the possibility of fine and imp	risonment	. 21. 17. 18. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
A NAME (print or type.	8 SIGNATU		C DATE	SIGNED
SPA Form 3510-3 (6-80)	gride that the Renal Bride			AT 110 0100 F 10 F 10
The second secon				CONTINUE ON PAGE

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.



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